



Traffic Crash Report

Local Report Number *

14-297

Crash Severity

2 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

#14-15658

Photos Taken

☒ OH-2 ☒ OH-1P
☐ OH-3 ☐ Other

PDO Under State Reportable Dollar Amount

Private Property

Reporting Agency NCIC *

ORR103

Reporting Agency Name *

Lebanon Police Dept.

Number of Units

02

Unit in error

98 - Animal
99 - Unknown

01

County *

83

City *

☐ Village *
☐ Township *

City, Village, Township *

City of Lebanon

Crash Date *

10/11/2014

Time of Crash

0746

Day of Week

WED

Degrees / Minutes / Seconds

Latitude 0 ' " Longitude 0 ' "

Decimal Degrees

Latitude 39.435770 Longitude -84.211086

Roadway Division

☐ Divided
☒ Undivided

Divided Lane Direction of Travel

☐ N - Northbound E - Eastbound
☐ S - Southbound W - Westbound

Number of Thru Lanes

02

Road Types or Milepost ²AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way
AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace
BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - TrailLocation Route Type ¹

SR 00123

Location Route Number

Loc Prefix

W N,S
E,W

Location Road Name

Silver

Location Road Type ²

ST

Route Types ¹IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State Route

Distance From Reference

☐ Miles
☐ Feet
☐ Yards

Dir From Ref

☐ N,S
☐ E,WReference Route Type ¹

Reference Route Number

Ref Prefix

N N,S
E,W

Reference Name (Road, Milepost, House #)

Water

Reference Road Type ²

ST

Reference Point Used

1 - Intersection
2 - Mile Post
3 - House Number

Crash Location

02

01 - Not an intersection 06 - Five-point, or more 11 - Railway Grade Crossing
02 - Four-way intersection 07 - On Ramp 12 - Shared-Use Paths or Trails
03 - T-Intersection 08 - Off Ramp 99 - Unknown
04 - Y-Intersection 09 - Crossover
05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access

Intersection Related

Location of First Harmful Event

1 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On Roadside

Road Contour

1 - Straight Level 4 - Curve Grade
2 - Straight Grade 9 - Unknown
3 - Curve Level

Road Conditions

Primary 01

Secondary

01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement*
02 - Wet 06 - Water (Standing, Moving) 10 - Other
03 - Snow 07 - Slush 99 - Unknown
04 - Ice 08 - Debris*

* Secondary Condition Only

Manner of Crash Collision/Impact

1 - Not Collision Between 2 - Rear-End 5 - Backing 8 - Sideswipe, Opposite Direction
Two Motor Vehicles 3 - Head-On 6 - Angle
In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknown

Weather

1 - Clear 4 - Rain 7 - Severe Crosswinds
2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow
3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

Road Surface

2 1 - Concrete 4 - Slag, Gravel, Stone
2 - Blacktop, Bituminous, Asphalt 5 - Dirt
3 - Brick/Block 6 - Other

Light Conditions

Primary 1

Secondary

1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown
2 - Dawn 6 - Dark - Unknown Roadway Lighting
3 - Dusk 7 - Glare*
4 - Dark - Lighted Roadway 8 - Other

* Secondary Condition Only

School Bus Related

☐ School Zone Related
☐ Yes, School Bus Directly Involved
☐ Yes, School Bus Indirectly Involved

Work Zone Related

☐ Workers Present
☐ Law Enforcement Present (Officer/Vehicle)
☐ Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure 4 - Intermittent or Moving Work
2 - Lane Shift/Crossover 5 - Other
3 - Work on Shoulder or Median

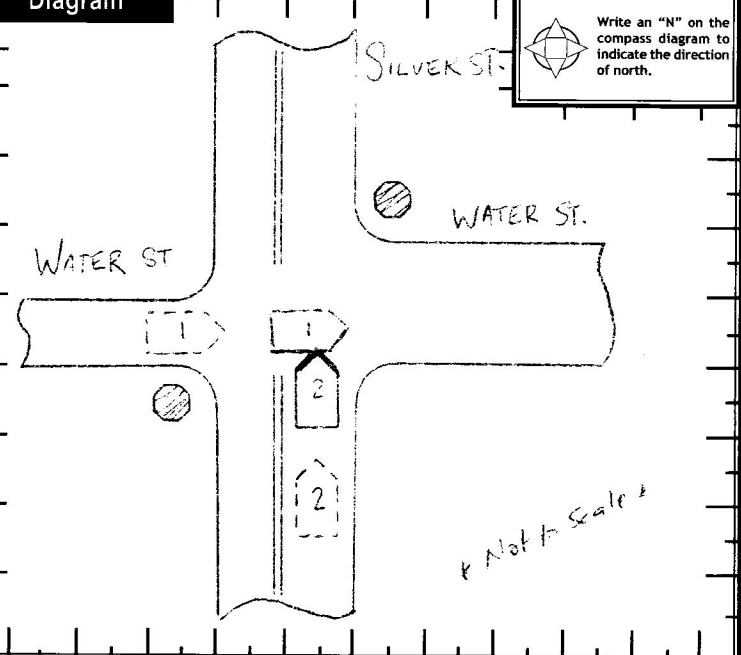
Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign 4 - Activity Area
2 - Advance Warning Area 5 - Termination Area
3 - Transition Area

Narrative

Unit #1 failed to yield to westbound traffic on Silver St. Unit #1 advised she did not see vehicle.

Diagram



Report Taken By

☒ Police Agency ☐ Motorist☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

10/10/2014

Time Crash Reported

0747

Dispatch Time

0748

Arrival Time

0749

Time Cleared

0832

Other Investigation Time

0043

Total Minutes

0073

Officer's Name *

Sgt. M. McCutchan #

Officer's Badge Number

106

Checked By

ACM/131

Page of

14-1297

Unit Number 1011		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver)		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)		Damage Scale 4		Damaged Area 		
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)								1 - None		
LP State OH	License Plate Number FTA3842		Vehicle Identification Number 12T13BF4D36C1W2410124191			# Occupants 1011		2 - Minor		
Vehicle Year 210112	Vehicle Make Toyota		Vehicle Model SW		Vehicle Color Green		3 - Functional		3 - Disabling	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company All State		Policy Number 926 926 815		Towed By Lebanon Towing		9 - Unknown			
Carrier Name, Address, City, State, Zip								Carrier Phone- include area code		
US DOT		Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.		Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel		Traficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway				
HM Placard ID No. 1		<input type="checkbox"/> Hazardous Material Released		09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown		<input type="checkbox"/> Hit / Skip Unit				
HM Class Number 1										
Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response		Unit Type 06 99 - Unknown or Hit / Skip		Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle		Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle		
						Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver)		Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist		
Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.		17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)		Most Damaged Area 04 Impact Area 04 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear		08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other		
Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown										
Pre-Crash Actions 01 99 - Unknown										
Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driveway 13 - Negotiating a Curve 14 - Other Motorist Action										
Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action										
Contributing Circumstances Primary 02 Secondary 01 99 - Unknown										
Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Improper Lane Change /Passing/Off Road 21 - Other Improper Action										
Non-Motorist 22 - None 23 - Improper Crossing 24 - Daring 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action										
Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects										
Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown										
Collision With Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object										
Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision										
Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object										
Unit Speed 01 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated		Posted Speed 01		Traffic Control 02 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported		Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown				

Unit Number 1011		Owner Name: Last, First, Middle (X) Same As Driver		Owner Phone Number - inc. area code (X) Same As Driver		Damage Scale 4		Damaged Area 	
Owner Address: City, State, Zip (X) Same As Driver									
LP State OH	License Plate Number GCW9274	Vehicle Identification Number 11B3E19516C33D1171072131				# Occupants 1011			
Vehicle Year 2010	Vehicle Make Dodge	Vehicle Model 4S		Vehicle Color Silver		2 - Minor			
Insurance Company State Farm		Policy Number 8369451B1335		Towed By Jacobs		3 - Functional			
Carrier Name, Address, City, State, Zip		Carrier Phone - include area code		4 - Disabling					
US DOT		Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.		Cargo Body Type 01		9 - Unknown			
HM Placard ID No.		Hazardous Material Released		Trafficway Description 1		1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway			
HM Class Number		Non-Motorist Location Prior to Impact 01		Type of Use 1		Unit Type 03		Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	
Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2 axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle		Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver)		Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist		Hit / Skip Unit		Has HM Placard	
Special Function 01		01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.		17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)		Most Damaged Area 02	
Pre-Crash Actions 01		Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn		07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless		Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action		Action 3	
Contributing Circumstances - Primary 01		Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road		11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action		Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action		Vehicle Defects 01	
Sequence of Events 1 20 2 3 4 5 6		First Harmful Event 1		Most Harmful Event 1		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift		06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	
Collision with Person, Vehicle or Object Not Fixed		Collision With Fixed Object		10 - Cross Median 11 - Cross Center Line 12 - Downhill Runaway 13 - Other Non-Collision		33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole		41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox	
Unit Speed 12	Posted Speed 12	Traffic Control 12		01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone		07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings		Unit Direction From 3 To 4	
01 - Stated 02 - Estimated		13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported		1 - North 2 - South 3 - East 4 - West		5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest		9 - Unknown	



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-297

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE McCormack, Elizabeth J.	DATE OF BIRTH 03/31/1965	AGE 49	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6341 Tracy Pl., Mason OH 45040	CONTACT PHONE - INCLUDE AREA CODE (513) 616-2604
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY Lebanon Fire	MEDICAL FACILITY INJURED TAKEN TO Atrium	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RM411908	OL CLASS 4	NO VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (X) LOCAL CODE 331.18	OFFENSE DESCRIPTION Right-of-way	CITATION NUMBER 67082	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 021	NAME: LAST, FIRST, MIDDLE Rettig, Elizabeth G.	DATE OF BIRTH 10/31/1984	AGE 29	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 444 E. Silver St., Lebanon OH 45036	CONTACT PHONE - INCLUDE AREA CODE (765) 714-2401
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY Lebanon Fire	MEDICAL FACILITY INJURED TAKEN TO Bethesda North	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER SB331765	OL CLASS 4	NO VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED () LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT Non-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 000	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER 000	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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PAGE OF



LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M D Y
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jason Fisher HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

AT
OFFICER'S NAME LOCATION

I turned right (west) off of Broadway, traveling west on Silver St. and was approximately in front of white house next to fire department when I noticed the orange road closed sign at intersection of Sycamore and then beyond that sign at Water St. and Silver St. A silver/white car ran the stop sign traveling north on Water St. and struck a black SUV heading west on Silver St. The black SUV rolled north into intersection of Water St. and Silver St.

ADDRESS OF WITNESS 5883 Wilmington Rd. Oregonia Ohio 45054	PHONE 513-8617-4119
SIGNATURE OF WITNESS *William J Fisher	OFFICER'S SIGNATURE X Sgt. M. Smith

Lebanon Division of Police
25 West Silver Street
Lebanon, Ohio 45036
513-932-2010

Statement Supplement - Lined

Case #: 14-15658	Incident Date: 9-10-14	Victim:	Case Status:
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I was traveling west on Silver street at posted speed. Right before I came to the intersection of Silver + water I see a bluish green SUV coming out of the south side of water, crossing Silver. The SUV appeared to be traveling at full speed. The vehicle was so close that I was unable to brake or swerve, due to being completely in front of me at the intersection, I collided with the side of the SUV (passenger side). At that point I could not tell what was happening because I was thrust forward and my air bags were going off. My face hit the airbags and seat belt pulled me back into my seat. When we finally came to a stop, my car still tried to go forward, so I pressed brake + turned keys off in my ignition. I could still see the passenger side of the SUV and it appeared to have a dent. We stopped on the North West corner of Silver. I saw the other drive (SUV) get out of her car. I reached to my back pack and pulled out cell phone to call my husband, but was shaking so hard and frantic I was unable to reach him. Other Driver asked if I was OK through passenger side then walked around and opened my door and asked again. All I could do was yell I'm pregnant over + over. She sat down and I stayed buckled in my car. Then the police + firefighters arrived.

Person Completing Statement	Address and Phone #		
Elizabeth Rettig	444 E. Silver St, Lebanon OH 45036 765-714-2461		
Reporting Officer	Badge #:	Date	
Sgt ALLEN		9-12-14	
Approving Officer	Badge #:	Date	